2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000036767

1. Entity Name KING SOLOMON, INC



Principal Place of Business

2447 N OCEAN AVENUE SINGER ISLAND, FL 33404 US Mailing Address

2447 N OCEAN AVENUE SINGER ISLAND, FL 33404

US





DO NOT WRITE IN THIS SPACE

03072007 No Chg-P

CR2E034 (11/05)

4. FEI Number 71-0941614

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEDMI, SOLOMON 2447 N OCEAN AVENUE SINGER ISLAND, FL 33404

DO NOT WRITE IN THIS SPACE

SINGER ISLAND, FL 33404			IN THIS SPACE		
	named entity submits this statement for the pulions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 Ma Added to Fe		\$5.00 May Be Added to Fees	000000635140 94/96/97-89058-924 150.00
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KEDMI, SOLOMON 2447 N OCEAN AVENUE SINGER ISLAND, FL 33404				
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12. I hereby c	certify that the information supplied with this file	ng does not qualify for the exe	mptions coi	ntained in Chapter 11	9, Florida Statutes. I further certify that the information

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CONTINUE AND TYPED OF PRIME OF SIGNING OFFICER OR DISECTOR

Date

Daytime Phone #